

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND												
1 Date of Request: <u>8/11/03</u>		2 Serial/Patent # <u>10/014,874</u>										
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT									
<input type="checkbox"/> Filing			\$									
<input type="checkbox"/> Amendment			\$									
<input type="checkbox"/> Extension of Time			\$									
<input type="checkbox"/> Notice of Appeal/Appeal			\$									
<input checked="" type="checkbox"/> Petition	4	5/6/03	\$ 1300.00									
<input type="checkbox"/> Issue			\$									
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$									
<input type="checkbox"/> Maintenance			\$									
<input type="checkbox"/> Assignment			\$									
<input type="checkbox"/> Other			\$									
			7 TOTAL AMOUNT OF REFUND									
			\$ 1300.00									
			8 TO BE REFUNDED BY:									
			<input type="checkbox"/> Treasury Check									
			<input checked="" type="checkbox"/> Credit Deposit A/C #:									
			9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">7</td></tr></table>		1	1	9	--	5	1	2	7
1	1	9	--	5	1	2	7					
10 REASON:												
<input type="checkbox"/> Overpayment												
<input type="checkbox"/> Duplicate Payment												
<input checked="" type="checkbox"/> No Fee Due (Explanation):												
Petition dismissed as moot.												
11 REFUND REQUESTED BY:												
TYPED/PRINTED NAME: <u>Nancy Johnson</u>			TITLE: <u>Petitors Attorney</u>									
SIGNATURE: <u>Nancy Johnson</u>			PHONE: <u>703-305-0309</u>									
OFFICE: <u>Petitors 4700</u>												
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****												
APPROVED: <u>[Signature]</u>			DATE: <u>8/11/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B